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### **Perceptions of Music Therapy Among Hospice Health Care Clinicians : Implications for Effective Interdisciplinary Collaboration**

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### Abstract

One reported strategy towards effective interdisciplinary collaboration for optimal patient care is through understanding the purpose and roles of the other disciplines on the health care team. In comparison to disciplines such as nursing, music therapy is a more recent discipline that has been added to hospice interdisciplinary teams.

The purpose of this study was to discover how hospice clinicians perceive the role of music therapy in end of life care. A multiple-select choice survey was conducted asking 15 hospice clinicians their feedback on the following music therapy topics: reasons for referrals, benefits of music therapy, music therapy interventions, and how music therapy knowledge was acquired. The most common way participants learned about music therapy was by directly working with a music therapist, with 13 responses. Frequent reasons for referrals that resulted in at least 12 responses were to address isolation and to manage anxiety/agitation. One hundred percent of the participants selected that music therapy helps hospice patients by decreasing anxiety/agitation and improving mood. All 15 participants selected that a music therapy intervention can involve a music therapist and patient singing patient preferred music together. Despite few responses of answer choices that did not fully convey the role of music therapy (ex: referred music therapy to provide entertainment), the majority of participants in this study demonstrated a clear understanding of music therapy's purpose in hospice. Learning other clinicians'

perceptions can be an important step towards improving effective interdisciplinary collaboration. Implications of the results from the survey are further discussed.

*Keywords:* music therapy, hospice, interdisciplinary collaboration, perceptions

MONTCLAIR STATE UNIVERSITY

/ Perceptions of Music Therapy Among Hospice Health Care Clinicians: /

Implications for Effective Interdisciplinary Collaboration

By

Crystal Antoine

A Master's Thesis Submitted to the Faculty of

Montclair State University

In Partial Fulfillment of the Requirements

For the Degree of

Master of Arts in Music - Music Therapy Concentration

August 2016

College of the Arts Thesis  
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PERCEPTIONS OF MUSIC THERAPY AMONG HOSPICE HEALTH  
CARE CLINICIANS: IMPLICATIONS FOR EFFECTIVE  
INTERDISCIPLINARY COLLABORATION

A THESIS

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Montclair, NJ

2016

### Acknowledgments

I would like to express my deepest gratitude to my professor and thesis sponsor, Professor Karen Goodman. Her support in my graduate studies and guidance during my thesis research has been so valuable and helpful during this journey. I would also like to express my appreciation for my committee members, Professor Leah Oswanski and Professor Andrew Rossetti. I was motivated and inspired by their extensive knowledge of music therapy in health care. Their supportive feedback led me in the right direction with the completion of this thesis.

I am also thankful for my previous music therapy internship supervisor, Meredith Ferrel, who helped me in my professional development in music therapy in end of life care, and helped me learn how to collaborate with other clinicians in an interdisciplinary setting. I am grateful for Dr. Lucanne Magill from my internship who helped expedite the survey approval process, and was a constant support during my writing.

Lastly, I would not have been able to complete this thesis and my graduate studies without the constant love, support and motivation from my family and friends. Each day, they kept me going.

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## **I. Introduction**

Hospice clinicians that are part of interdisciplinary teams commonly work alongside other clinicians in various degrees throughout the workweek (Forman, Kitzes, Anderson & Sheehan, 2003). Interdisciplinary teams can be made up of nurses, social workers, chaplains, creative arts therapists, volunteers, among others (Forman et al., 2003). Over time, as clinicians work in conjunction with multiple disciplines from their team, they can become familiar with the roles of those very disciplines. While disciplines like medicine and nursing have been a part of hospice care since the first modern day hospice opened its doors in 1967 (Kemp, 2014), the field of music therapy is a newer introduction to the hospice team. The earliest articles on music therapy in hospice care came about in the late 1970s with a continuously growing amount of literature from the 1980s to present day (Hirokawa, 2006). As music therapists continue to join hospice care teams, the extent of hospice clinicians' knowledge of music therapy's reach is relatively unknown. By reviewing relevant literature on important elements of interdisciplinary collaboration and the current practice of music therapy in end of life care, and by conducting a survey for hospice clinicians, the researcher hopes to learn how hospice clinicians perceive and understand the role of music therapy in hospice care. Also, the researcher aspires to discover whether there are correlations with clinician-made music therapy referrals and their perceptions of music therapy. Lastly, the researcher aims to determine implications for effective interdisciplinary collaboration concerning clinicians' perceptions of music therapy.

## II. Review of Literature

This review of literature explores the growing and advantageous practice of interdisciplinary collaboration in health care. Discussion of understanding the roles on one's health care team is described as an important characteristic for effective interdisciplinary collaboration. This review examines the modern-day development of interdisciplinary collaboration. The field of music therapy and related disciplines as growing members to the interdisciplinary team are identified. Empirical studies that discover various perceptions of music therapy among clinicians of various disciplines are researched. Likewise, information is provided on what music therapy students learn on interdisciplinary practice during their internships. The last section of the literature review informs readers on the actual role of music therapy, specifically in a hospice setting and how music therapy plays a part in the interdisciplinary team goals for hospice patients.

The researcher gathered literature from Montclair State University's library page which provided the opportunity to search multiple databases at the same time. Databases used included CINAHL Complete, ScienceDirect, OAlster and MEDLINE. Empirical studies, encyclopedia entries, and published literature reviews relevant to this study's topic were examined and included. Google Web Search, Google Scholar and Google Books were also used as search engines to find books, academic articles, and websites from organizations that discussed the various themes of the review of literature. To find relevant literature on "perceptions of music therapy" and "interdisciplinary collaboration," the researcher inputted those keywords into the search boxes. The search resulted in more than 5,000 sources from both the Montclair State University's library

page showing multiple databases, and the Google searches. To narrow the results, additional keywords were included such as “hospice,” “health care,” and “team roles.” Sources with the greatest relevance to this study’s themes were reviewed and included. The literature in this review ranges in date of publication from 1978-2015, with the bulk of the sources from the past ten years.

### **Interdisciplinary Collaboration in Health Care**

Interdisciplinary collaboration in health care is a practice of care functioned by high levels of communication and teamwork among health professionals of various disciplines (American Psychological Association, 2015). Multiple discipline-specific clinicians work together as a team in order to address the health care needs of patients. The team of clinicians may include physicians, nurses, social workers, psychologists, physical and occupational therapists, and creative arts therapists. Interdisciplinary health care is significant for a number of reasons. Interdisciplinary collaboration can benefit the patient, the families, and the clinicians. When team members discuss and address prominent patient needs together, they can provide high quality levels of care for their patients (Freshman, Rubino, & Chassiakos, 2010). The team shares the commitment to provide optimal health services to care for the patient. This can lead to improved patient care and higher satisfaction of the care for the patient and the family (Freshman et al., 2010).

Clinicians also benefit from interdisciplinary collaboration by learning to coordinate with others in a professional setting. Clinicians often grow an understanding of the other disciplines on their health care team by learning how each one plays a role in

addressing patient needs (Freshman et. al, 2010). In one study, researchers provided health care staff with an interprofessional team development educational program. (Bajnok, Puddester, Macdonald, Archibald, & Kuhl, 2012). Staff reported that the team development program led to awareness in the roles of their team members, a developed trust and respect within their health care team, pride in their team's accomplishments, personal growth, and team growth. Clinicians can personally and professionally develop from working in interdisciplinary teams. The mentioned benefits of interdisciplinary health care are certainly not limited to the above.

**Importance of understanding the role of team members.** In working as a team, each clinician can learn how other team members contribute to patients' care plans. In some circumstances, clinicians may have not had the opportunity to learn about the roles and responsibilities of other members on their team. Unfortunately, there are drawbacks to not learning or understanding what other team members do. Misunderstanding can result in ineffective collaboration and lack of communication. Lack of communication among professionals can result in lack of critical information being shared or distributed to team and/or patient, misinterpretation of information, and overlooked changes in patients (Daniel & Rosenstein, 2008). The inability to collaborate effectively can result in delays in treatment and negatively impact patient safety. According to Daniel and Rosenstein (2008), interdisciplinary teams experience various hurdles impacting how the team works together. One listed hurdle is limited knowledge of team members' skills and roles. This occurrence can negatively affect interdisciplinary collaboration. Therefore, it may be critical that health care professionals have an



understanding of one another's discipline to effectively collaborate and communicate patient needs.

In one study, 60 health care providers of various disciplines were asked to discuss core competencies that were important for effective collaborative practice (Suter et al., 2009). Understanding and appreciating professional roles and responsibilities was identified as one of the main competencies for quality patient care. Many participants described that understanding and respecting each other was fundamentally important to benefit the patient. Some participants admitted to not understanding their team members' roles, impacting their communication and relationship as a team. Participants suggested that to overcome "role blurring" (Suter et al., 2009, p. 44), collaboration needs to function in a way where roles are clear, and well as clarity on the roles that can potentially overlap. Role blurring, when professional roles overlap, can lead to conflict and burnout among clinicians (Suter et al., 2009). As suggested by the responses of these participants, and research by the authors, the understanding and respect for team members' roles and responsibilities is one way to defeat role blurring, and a core quality for effective collaborative practice (Suter et al., 2009).

In a bi-fold study that included a thematic literature review, and qualitative data from learning perceptions of over 200 staff, characteristics of qualities for good interdisciplinary teamwork emerged (Nancarrow et al., 2013). Respecting and understanding other team members' roles was identified as one of the characteristics of an effective interdisciplinary team from both the literature review results and the staff perceptions' results. The researchers elaborated on the staff responses and wrote that

because each team role impacts patient care, understanding how each role benefits patient care is important. The researchers further developed that in order to understand roles, and to benefit patients, a clinician needs to understand their own role and how it differs from other team members'. Results also showed that ambiguity of professional roles and responsibilities within the team are one of the challenges the staff experiences with interdisciplinary work (Nancarrow et al., 2013).

A similar study that conducted a literature review as well as a survey for nurses, physical therapists, and occupational therapists also identified understanding of roles as a main theme for interdisciplinary care (White et al., 2013). With supporting literature, the researchers reported that a lack of understanding of team roles can create conflict and ineffectiveness within interdisciplinary teams. In the survey results of this study, one common response for what makes interdisciplinary teams effective was by understanding each other's discipline (White et al., 2013). The results of these studies convey the importance of understanding roles of team members as one component for effective interdisciplinary collaboration.

**Development of interdisciplinary collaboration in health care.** Although interdisciplinary collaboration was not new in practice, it was in the 1940s that the concept of interdisciplinary collaboration began to expand and formalize (Drinka & Clark, 2000; Greenfield, 1999). Although the literature shows that nurses worked alongside physicians from the early development of modern day nursing in the 1850s, physicians were the arbitrators and primary decision makers for patient related care (Goodwin, 2015; Greenfield, 1999). In the 1940s, the first significant example of a health

care team came from Dr. Martin Cherkasky in New York Montefiore Hospital (Drinka & Clark, 2000). Cherkasky gathered physicians, nurses and social workers to provide home care services to the community (Baldwin, 2007). The team worked together to provide services to patients in the community. Despite evidence of health care teams prior to the Montefiore Hospital home care services in the 1940s, it was during the development of the Montefiore health care team where interdisciplinary collaboration began to blossom.

Interdisciplinary health teams expanded in the 1960s. With a growing need to care for patients' increasingly complex health care needs and the development of neighborhood health centers, a need for an organized team was becoming evident and more teams were being developed (Drinka & Clark, 2000). There were greater shared roles of caring for patients (Goodwin, 2015). There was more collaborative community outreach.

From the 1970s to present day, a number of national organizations and commissions are now in full support of interdisciplinary collaboration and collaborative training in health care. In the mid-1970s, the Veterans Administration and the Bureau of Health Professions of the U.S. Public Health Service supported training of interdisciplinary health care teams in universities (Drinka & Clark, 2000). Students of health professions were trained in working with other disciplines in a variety of populations including geriatrics, mental health, and rehabilitation. In 1978, the World Health Organization and United Nations Children's Fund jointly declared that practitioners needed to be trained to work as a team (World Health Organization & United Nations Children's Fund, 1978). The Joint Commission on the Accreditation of

Healthcare Organization currently requires evidence of interdisciplinary practice in hospitals, nursing homes and clinics (Drinka & Clark, 2000). Today, interdisciplinary care can be found in a wide range of hospital settings, hospice and palliative care, and psychiatric facilities.

**Recent inclusion of creative arts therapies on the health care team.** As interdisciplinary teams continue to expand in practice, more disciplines and professions are being included in the care team for patients. This is evidenced specifically in the growing addition of creative art therapies to standard health care. These therapies use evidence-based practices to support its effectiveness in supporting the needs of a patient. Therapies such as music and art therapy have seen an increase in use in health care (Kravits, 2013). Integrating creative arts therapies and interventions within medical practice can improve quality of life (Kravits, 2013).

Creative arts therapies are combined with conventional medical treatments to address patients' care plans in a growing practice referred to as Integrative Medicine (Avramut, 2015). Integrative medicine can be used with patients to address symptomatology and function in a myriad of medical conditions including but not limited to cardiovascular diseases, neurological disorders, depression, anxiety, substance abuse, and pain (Avramut, 2015).

A new focus in medicine on holistic health has also resulted in including these additional disciplines in health care like reiki, massage therapy, and music and art therapy. Holistic health or holistic medicine is a practice that focuses on the whole person, rather than just the medical diagnosis to improve health and well-being

(American Cancer Society, 2013). There is focus on the physical, mental, emotional, spiritual, and social domains related to patient care. The belief in holistic health is that all domains within a person are interconnected and interactive. When one domain is compromised, an adverse multi-systemic effect may result; thus, holistic clinicians work on trying to create constructive change in the whole person.

Growth in the creative arts therapies, holistic health and integrative medicine have led to various therapies and interventions being increasingly practiced in health care (Kravits, 2013). As these therapies increase in availability in health care, health care teams expand. With increasingly new disciplines on health care teams, clinicians have a continuing responsibility to learn about the new and existing disciplines on their team to effectively collaborate. Newer members on the health care team include board-certified music therapists in their expanding field of music therapy.

### **Growth of Music Therapy on the Health Care Team**

Music therapy is a quickly growing clinical, evidence-based, holistic discipline being integrated into medicine and health care, geriatrics, mental health, education, and other domains (Bunt & Stige, 2014; Heal & Wigram, 1993; Wheeler, 2015; Wigram, Pedersen, & Bonde, 2002). Services for music therapy in health care settings are commonly referred by the interdisciplinary team (Wheeler, 2015).

As mentioned in the literature before, one of the setbacks of effective interdisciplinary collaboration can be from not knowing the skills of fellow colleagues on the team (Daniel & Rosenstein, 2008). Therefore, it seems reasonable to suggest that both board-certified music therapists and other clinicians on the interdisciplinary team

understand each other's discipline for effective interdisciplinary collaboration. Prior to music therapists joining the workforce, many of them receive training in interdisciplinary teamwork as students. Music therapy internship programs often recognize the need for a high degree of collaboration with other clinicians, and as a result, educate students on this topic. Considering the number of music therapy programs that identify the need for collaborative training, it would be complementary if clinicians of other disciplines also recognized the value of learning about music therapy to enhance collaborative team efforts. The following sections provide an overview of music therapy internship programs detailing what music therapy interns are expected to learn on interdisciplinary collaboration during their internship, as well as a look into how clinicians of various disciplines understand the discipline of music therapy.

**Music therapy interns learn interdisciplinary collaboration.** The music therapy internship is the culmination of a music therapist's training prior to starting one's professional career. The music therapy internship is the period where the transition from student to professional occurs. Thus, it is imperative that internship programs provide education and training for interns in the variety of areas they will be working in the future including interdisciplinary collaboration and the health care team.

Based on the national roster for music therapy internships, there are a number of music therapy internship programs that provide interns with the opportunity to serve on an interdisciplinary team (American Music Therapy Association, n.d.). Music therapy students that intern at Elizabeth Seton Pediatric Center in Yonkers, NY, work alongside physicians, nurses, child life specialists, social workers, respiratory therapists, speech



therapists, occupational therapists, physical therapists and recreation therapists (Elizabeth Seton Pediatric Center, 1999). The music therapy internship program at Vacaville Psychiatric Program in Vacaville, California trains interns to serve on multidisciplinary teams. The interns work with psychiatrists, psychologists, social workers, medical staff, among other professionals (American Music Therapy Association, n.d.). At Metropolitan Jewish Health System Hospice and Palliative Care in New York, NY, music therapy interns take part in weekly interdisciplinary team meetings to discuss patients' care plans (American Music Therapy Association, n.d.). The music therapy internship at Advocate Children's Hospital in Illinois provides interns with the opportunity to attend and participate in interdisciplinary rounds. In addition, the interns collaborate with child life specialists, rehabilitation therapists, art therapists, and nurses while providing services for pediatric patients in inpatient surgical units, intensive care units, and oncology clinics (Advocate Children's Hospital, 2015). Opportunities for music therapy interns to serve in interdisciplinary teams are not limited to the above (American Music Therapy Association, n.d.).

Despite numerous music therapy internships programs that provide training in interdisciplinary practice, there is a dearth of scholarly literature detailing what interns learn and take from their internships. Access to detailed internship curricula concerning interdisciplinary practice is also limited. Scholarly articles and/or more detailed available curricula on this topic could be of high value as it could inform employees and entry-level music therapists themselves their areas of strength and weaknesses in interdisciplinary practice.

**Perceptions of music therapy by other health care professionals.** The few current studies on the perceptions of music therapy by health care professionals are in pediatric, neonatal care, general intensive care, and hospice and oncology settings. The studies available have asked nurses, physicians, psychologists, social workers, and child life specialists about their perceptions on music therapy services.

In a study by Emily Darsie (2009), perceptions of music therapy among pediatric medical and psychosocial staff were determined prior to a 5-minute video in-service and again after the video. The initial perceptions of the staff members, and the differences among occupations are important to note. The task that stated “entertain the children and families” had different ratings between occupations. Physicians, nurses, and social workers rated this music therapy task as significantly more relevant compared to the responses of child life specialists and creative arts therapists. These differences across disciplines bring up salient questions as to why they perceive music therapy differently. Perhaps because child life specialists and other creative arts therapists utilize similar interventions as music therapists in pediatric settings, their understanding of music therapy may be rooted in the similarities in their professional roles. Darsie (2009) does not indicate what discipline the creative art therapist participants come from. If other music therapists were participants in the study, that would strongly skew the study’s data. Another difference in perception in the Darsie (2009) study included the nurses rating higher than the child life specialists and creative arts therapists that music therapists “provide distraction during painful procedures.” Distraction is a common technique used in nursing to alleviate distress and pain for hospitalized patients. In pediatrics, various



age-appropriate distractive techniques such as use of toys, music and television are used before and during procedures (Koller & Goldman, 2012). Since nurses use distraction techniques in their practice, it is likely that they also view music therapy as a distraction technique. In learning the pre-test ratings of these participants, the researchers learned how music therapy was understood on the unit. The video in-service afterwards provided education to these clinicians on the field of music therapy and examined the effectiveness of that form of advocacy.

A variety of clinical staff members were also surveyed on their attitudes and expectations of music therapy in the neonatal intensive care unit (Kemper, Martin, Block, Shoaf, & Woods, 2004). Participants were asked to answer yes/agree, no/disagree, or not sure to each statement. Most of the participants responded positively towards music therapy in the NICU setting. The majority of the participants indicated that they want music or music therapy in the NICU. Almost all the participants agreed that music can help improve mood, and lift spirits and energy. Participants also agreed on the positive impact music has on infants in the NICU setting as well as on caregivers, including themselves. Although the participants had mostly positive attitudes towards music therapy in the NICU setting, more than half of the participants were unsure about differences between live and recorded music. Albeit the uncertainty of the impact of live vs. recorded music in music therapy sessions in the NICU, the clinical staff in this study were mostly positive and agreeable towards benefits of music therapy in the NICU.

In a similar setting, a small music therapy trial was conducted on sedated and ventilated patients in the general intensive care unit (Stubbs, 2005). This study was

designed by a nurse to determine what the impressions of music therapy interventions were from previous ICU patients who received the service, and from nurses who were observing. In this study, ventilated patients received music therapy in two sessions in the ICU. Unfortunately, although this study discussed benefits of music therapy in the ICU in the review of literature, it seems that the intervention used for this experiment was not clinical music therapy but recorded music played in the patients' rooms. This in itself provides insight into how a clinician can potentially understand the role of music therapy. Without a music therapist present, the intervention in this study is not music therapy. This study and the previous study mentioned in the NICU (Kemper et al., 2004) are indicative that the differences between actual music therapy and mere listening to recorded music are misunderstood. To help remediate these common misconceptions, the American Music Therapy Association (1999) provides an informative resource differentiating music therapy and recorded music listening interventions. Nevertheless, the four nurses interviewed in this study all responded positively to the music interventions (Stubbs, 2005). One nurse positively commented on their observation of seeing a patient with increased relaxation after the music. One nurse described that it is a beneficial means of reducing the need for larger quantities of pharmacological sedatives as the music keeps the patients calm. Although this study did not involve clinical music therapy, the nurses interviewed in this experiment had positive reactions towards recorded music in the ICU. Due to these positive responses, it is possible that these nurses would react favorably to actual music therapy interventions in the ICU.

In an oncology setting, nurses were asked about perceptions of music therapy prior to and after a music therapy education in-service (Silverman & Chaput, 2011). In comparing the pre-post test results, there was a statistically significant positive change in 6 of the 13 items the researcher created on their instrument. The Likert-type scale asked participants to indicate how strongly they believed music therapy addressed objectives in a surgical oncology unit, as well as a free response asking what is music therapy or what it may look like on the unit. The pretest results demonstrated that many of the nurses were unclear on what music therapy is. Some of the nurses commented that music therapy entails recorded music, radios/headphones and stereos for each room. Although this study's primary focus was to determine changes in perceptions on music therapy after an education in-service, learning about what the oncology nurses understood of music therapy prior to the in-service is equally important. Understanding the nurses' perceptions of music therapy can inform music therapists as to what forms of education and advocacy they can provide for coworkers and colleagues. It would be interesting to learn if the participants' understanding of music therapy based on the pre-test results had impacted the degree of collaboration and interdisciplinary teamwork in their oncology unit. That could be an intriguing follow-up study.

In another music therapy oncology study, two music therapy researchers asked oncology unit clinicians in both Australia and the United States their views on music therapy's relevance, as well as their feelings and personal experiences of witnessing music therapy in the hospital (O'Callaghan & Magill, 2009). In both settings, music therapy services were being offered to the patients; many participants in the study had the

opportunity to witness singing, dancing, reminiscing, and patient interactions with other patients and/or families during the music therapy sessions. The researchers created eight categories from participant open-ended responses. Some of the categories formed included improvement of mood, improved care, reduction of stress, and improvement in environment. There were three responses of music therapy on the unit as being intrusive. Some of the negative responses included slowing of work pace, and initial suspicion of music therapy on the unit. Nevertheless, there was a large majority of positive results on the impact that music therapy had on the staff. This study is interesting because in learning about the personal experiences staff has had with music therapy and their perceptions on how music therapy can impact the hospital environment, staff members' understanding of the practice of music therapy was also revealed. If a staff member can have personal beneficial experiences with music therapy, it is likely that they would be more receptive to music therapy services for their patients (O'Callaghan & Magill, 2009).

In a hospice in London, three researchers provided staff with a survey to learn their perceptions of music therapy (Tsisris, Dives, & Prince, 2014). At this hospice, music therapy services have grown and the researchers stressed the importance in understanding how staff perceive the service in order to continue developing and growing. Eighty staff of various disciplines completed the survey. Answers provided were divided into various categories. Ninety-five percent of the participants considered music therapy to be beneficial for hospice patients. Staff commented that music therapy can impact a variety of areas in patients including needs in the emotional, spiritual and social domains. Enjoyment, relaxation, and emotional expression were the highest responses of music

therapy's impact on patients (Tsiris et al., 2014). This survey also asked staff their reasons for patient referrals to music therapy, and what they think of music therapists' input at staff meetings. Although a number of the participants wrote reasons for referrals that matched common goals of music therapy, 23% of participants wrote that they have no knowledge of what happens in a music therapy session. The participants were open to learning more about music therapy through collaboration or in-service trainings. This study showed a large group of participants' valuing and being open to music therapy services at their hospice, and showing that they have a high understanding of the impact that music therapy can have on hospice patients (Tsiris et al., 2014).

In another study in a hospice setting, 20 interviews with multidisciplinary colleagues in five different hospices in the UK were conducted to determine their perceptions of music therapy (O'Kelly & Koffman, 2007). Music therapy was provided for varying lengths of time at each of the five hospices. Various themes emerged when analyzing the data; the researchers classified the themes into four categories including general attitudes towards music therapy, the integration of music therapy in palliative care, the perceived scope of music therapy, and holism and music therapy. Sixteen participants spoke positively and accepting towards music therapy. Three nurses reported that music therapy can be potentially intrusive for patients in hospice and palliative care. Participants discussed six domains in which they perceived music therapy as having a positive impact. These included emotional, physical, social, environmental, spiritual, and creative domains. The majority of participants also positively commented on music therapy's holistic nature and approach with terminally ill patients. Although many

participants discussed music therapy's impact on patients and were mostly open towards the service, a few interviewees reported that they do not fully understand the role of the music therapist. One nurse participant reported "I have struggled to tell you what the impact he has on patients is, and I see him nearly every day" (O'Kelly & Koffman, 2007, p. 238), in reference to a music therapist at the same hospice as this participant. The researchers observed that the nurse participants had the most difficulty understanding music therapy, and even expressed fear and concern towards the discipline being provided for patients. Nonetheless, the majority of participants were open to music therapy and considered music therapy as having a positive impact in areas that are consistent with clinical music therapy in hospice and palliative care. This study shows a number of colleagues that have come to understand music therapy overtime as a result of working with a music therapist. This study also shows that music therapists can continue to raise awareness and advocate for their work for greater acceptance and integration into the multidisciplinary team. The researchers concluded that in practicing greater collaboration and further educating colleagues on the role of music therapy, the field of music therapy could be positively impacted in its development and integration in hospice and palliative care settings.

Although there is growing implementation of music therapy services in a myriad of areas of health care, these studies demonstrate a lack of understanding of music therapy among some professionals. The review of literature earlier suggested that one approach towards effective interdisciplinary collaboration is through understanding team members' roles (Nancarrow et al., 2013; White et al., 2013). The studies reviewed have



also noted that being informed on the team's perceptions can help the growth of music therapy in health settings (O'Kelly & Koffman, 2007). Despite the importance of this topic, studies are lacking. Due to the limited research on perceptions of music therapy in the hospice setting, new studies and literature on perceptions of music therapy in end of life care would be valuable.

Meanwhile, recent evidence-based research and reviews on the benefits of music therapy in end of life care are published in health care journals to help advance the profession of music therapy, and to provide enhanced awareness of music therapy's value to clinicians of various disciplines. In the two hospice studies mentioned (O'Kelly & Koffman, 2007; Tsiris et al., 2014), detailed information on the benefits of music therapy in end of life care is provided for readers. More literature can yield further understanding of music therapy among clinicians; thus, the following section provides information on the practice of music therapy in end of life care.

### **Music Therapy and End of Life Care**

With the rise of music therapists being employed in health care settings, music therapy is becoming increasingly popular and utilized with terminally ill patients (Hilliard, 2005). As music therapy is a newer discipline on the hospice interdisciplinary team, it is important that both music therapists and clinicians of other disciplines understand each other's professional responsibilities for effective teamwork. Music therapy in end of life care addresses a variety of areas and needs for patients and families.

Hospice professionals, including music therapists strive towards providing hospice patients with enhanced quality of life and well-being (Tang, Aaronson, & Forbes,

2004). Common areas addressed in music therapy include needs in the social, emotional, cognitive, physical, and spiritual domains (Hilliard, 2005; National Hospice and Palliative Care Organization, 2000). Hospice music therapists, along with the team of clinicians, create individualized goals for patients based on their needs and their family needs. Music therapy in hospice care can provide increased social interaction with family and caregivers (Hilliard, 2005). Music therapy can provide a means for increasing emotional expression on thoughts and feelings, and an opportunity to develop healthy coping skills (Leow, Drury, & Poon, 2010). It can help improve a patient's mood, or reduce depression, stress, anxiety, and agitation (Hilliard, 2005). Additionally, it can increase self-esteem and feelings of autonomy (Leow et al., 2010; Clements-Cortes, 2004). Music therapy can help improve reality orientation and increase awareness of self and environment for confused and disoriented hospice patients (Hilliard, 2005). Music therapy can aid in managing pain, and improving comfort (Leow et al., 2010). Music therapy sessions can provide opportunities for increased expression of spirituality and existential concerns like life meaning and purpose, and concerns about death and dying (Hilliard, 2005; Leow et al., 2010). In order to reach patient goals, a hospice music therapist employs interventions like songwriting, clinical improvisation, lyric analysis, singing, instrument playing, relaxation techniques, and receptive listening of familiar music (Hilliard, 2005).

As previously stated, all hospice professionals work to improve a patient's quality of life and enhance their wellbeing while addressing the variety of needs in a patient's care plan (Tang et al., 2004). As hospice clinicians are commonly responsible for



referring music therapy services for patients, optimally for effective interdisciplinary collaboration, they should have a thorough understanding of the benefits of music therapy for hospice patients. However, knowledge of clinicians' understanding of hospice music therapy remains limited. Therefore, learning clinicians' perceptions of music therapy would be beneficial.

### **III. Statement of Purpose**

Clinicians' understandings of the role of music therapy in end of life care is valuable information for music therapists and can be useful for interdisciplinary collaboration. As a result of the high degree of collaboration among clinicians in end of life care, any means to improving teamwork would be beneficial. However, only a few studies were found that provide insight on clinicians' perceptions of music therapy in hospice. In fact, searching the literature on hospice music therapy primarily yielded data on the impact music therapy has on patients and family members and their perception of the service, as well as data on hospice music therapists' techniques and experiences (Burns, Perkins, Tong, Hilliard, & Cripe, 2015; Clements-Cortes, 2004; Dimaio, 2010; Leow et al., 2010; ). While this information is indeed valuable to the field of music therapy, more is required to fully foster the professional growth of music therapy in end of life care. When working in interdisciplinary settings, coworkers' perceptions can be just as important as learning patients' reactions and music therapists' techniques.

Thus, the purpose of this study was to discover how hospice clinicians perceive the role of music therapy for hospice patients. Specifically, the aims of this study included the following questions:

1. Through what means have clinicians learned about music therapy?
2. What are clinicians' primary reasons for referrals to music therapy for their hospice patients?
3. Do clinicians consider music therapy helpful for hospice patients and/or families?  
If so, what are some of the ways that music therapy can help in end of life care?
4. What are some of the music therapy interventions that clinicians are familiar with in end of life care?

The end results can suggest a means to improve interdisciplinary collaboration among clinicians and music therapists, as well as provide music therapists with information on how they can advocate for the field in end of life care.

#### **IV. Method**

##### **Recruitment**

Prior to starting research, the researcher requested approval from the hospice organization review board for accessing emails of staff members and permission to conduct an online survey to staff working at the same hospice organization from her previous internship. Simultaneously, the researcher sent in a submission for approval to the Montclair State University Institutional Review Board (IRB) for doing research with human participants. Permission to accessing the staff emails and conducting an online survey, and approval to conduct survey research from both the hospice review board and Montclair State University's Institutional Review Board was granted.

Eligible participants were staff members that provide direct care and/or members of the interdisciplinary care team working at the same hospice organization from the

researcher's previous music therapy internship in New York, NY. Clerks and other staff that do not provide direct clinical care were excluded from the study. All non-music therapy clinicians at this hospice were eligible to participate in the study. Participants were recruited via an email invitation sent to their work emails. The recruitment email was first sent in two separate bulk emails one week apart from each other to the staff working in different boroughs at the hospice organization. In order to enroll more responses from the initial bulk emails that resulted in only a minimal amount of responses, individual emails were then sent to the employees resulting in an increased response rate.

### **Participants**

Participants (N =15) were staff members working at the same hospice organization from the researcher's previous music therapy internship. All participants provided direct care and/or were members of the interdisciplinary care team. Physicians, nurses, social workers, chaplains, volunteer coordinators, and interns from these disciplines participated in this study. The names of participants remain confidential and anonymous.

### **Instrument/Materials**

The instrument for this study was a survey created from SurveyMonkey.com. The survey contained a consent form first (See Appendix page 55-56 for full consent form). Following the consent page, the survey asked for the following demographic information: gender, profession, how long they have been working in hospice, and whether or not they have ever or currently worked with a music therapist on their interdisciplinary team.

Following the demographic questions, the survey then functioned as a multiple-select choice survey. Each question provided answers in addition to available space for open-ended responses. The pre-written answers were created from the researcher's acquired knowledge interning in a collaborative hospice setting, and also influenced from common goals discussed in the music therapy literature for end of life care. The survey asked the participants four questions about music therapy. The questions on the survey coincide with the specific aims and research questions for this study. Question one focused on how the participants learned about music therapy. Pre-written answers included observing a session, directly working with a music therapist and/or watching presentations on music therapy. The second question was related to clinician-made music therapy referrals. The question asked clinicians to select the primary reasons they have made music therapy referrals. Question three addressed music therapy's impact on helping hospice patients and families. Clinicians' perceptions on if and how music therapy can help patients were assessed in this question. The last question involved clinicians' familiarity with the interventions that occur within a hospice music therapy session. Common end of life music therapy interventions derived from the music therapy literature and from the researcher's experiences in a hospice music therapy internship were included as pre-written responses. The survey finished by thanking the participants and asking them if they had any feedback or comments. (See Appendix page 57-63 for full survey).

## **Procedure**

**Data collection.** The survey was distributed via email invitations to the clinical staff members of the hospice team at the researcher's previous internship. The researcher distributed the emails to staff members' work emails. The body of the email message described the study and provided an estimated time of less than 10 minutes to complete the study. In the email, staff were informed of the purpose, risks and benefits of the study. The email contained the website link taking the participants to the consent form on SurveyMonkey.com.

The survey started with a consent form that the participants completed by clicking the link to take them to the survey if they wished to proceed. If staff did not want to participate in the survey, they were informed to select the link to exit them out of the survey. For participants that selected the link to proceed in the study, they were then taken to the survey. Next, the participants completed all the demographic information, and responded to the four survey questions.

The data was stored in an electronic folder on SurveyMonkey.com. IP Addresses of participants were not collected to ensure participant privacy. The data remains password safe secured for safety and privacy of the participants.

**Data analysis.** All data was reviewed extensively by the researcher. The data was analyzed quantitatively for common and infrequent responses pertaining to this study's research questions. Quantitative responses were analyzed by measuring the frequency of selected responses per each question, and obtaining resulting percentages. The analysis is documented in the results section of this study. The results section contains tables and

figures displaying percentages of all the responses selected from the participants, as well as written analysis of the data.

### **Ethical Considerations**

All participants were informed of the study and its purpose prior to starting the survey. All participants provided informed consent by clicking the link to the survey to proceed after reading the consent form. All participants were voluntary and free to participate or not participate in the study. Participants were informed they had the right to withdraw from the study without consequences. There were no foreseen coercion precautions. Participants remain confidential and anonymous to protect their privacy, and to adhere to employee and patient rights. Any names within the data were eliminated to maintain patient and participant confidentiality. The completed data is password protected to ensure the safety and privacy of the participants. This study was approved by the Montclair State University Institutional Review Board (IRB-FY15-16-104) on March 3rd, 2016.

### **V. Results**

The purpose of this study was to discover how health care clinicians perceive the role of music therapy in hospice. Specifically, the study was conducted to determine (1) how clinicians learned about music therapy, (2) clinicians' primary reasons for patient referrals to music therapy, (3) if and how clinicians consider music therapy helpful for hospice patients and families, and (4) music therapy interventions that clinicians are familiar with in end of life care. Over 50 staff members from each discipline and every borough received the survey invitation. A total of 15 (N=15) participants completed and



submitted the survey on SurveyMonkey.com. This results section provides data and responses directly related to each question on the survey.

### Demographic Information

There were 11 female clinicians, and 4 male clinicians that participated. There was a wide range of how long participants worked in hospice, from 5 months to 19 years. Participants were professionals and interns from a variety of disciplines. A total of 14 of the 15 participants selected 'yes' to ever working or collaborating with a music therapist. Table 1 calculates the percentages of the demographic information.

**Table 1** *Demographic Information of Participants*

\*Percentages were rounded to the nearest whole number

		N	%
Gender	Male	4	27
	Female	11	73
Length of time working in Hospice	Less than 3 years:	6	40
	3-6 years:	7	47
	6-9 years:	0	0
	10+ years:	2	13
Discipline/ Profession	Social Work/Mental Health:	6	40
	Chaplain:	4	27
	Registered Nurse:	2	13
	Volunteer Coordinator:	2	13
	Physician:	1	7
Worked with a music therapist?	Yes:	14	93
	No	1	7

### Responses to Music Therapy Questions

Responses to the four survey questions, not related to demographics, are compiled and reported here. The fifteen participants were able to select as many choices as applied to each question. Although each question provided participants with an option to provide written open-ended responses in addition to or instead of the pre-written choices, there

were zero written responses in these four survey questions. Data was analyzed quantitatively by measuring the frequency and percentage of each response. Percentages were rounded to the nearest whole number.

**How clinicians learned about music therapy.** Eighty-Seven percent (n=13) of the participants learned about music therapy by directly working with a music therapist on their health care team, resulting in this being the most selected response. Two other common responses in which 83% (n=11) of the participants learned about music therapy was from making a collaborative visit with a music therapist, and observing a music therapy session. The least common selected option was through reading articles on music therapy, with a total of 47% (n=7) of the participants selecting this. Table 2 provides all the responses of how participants learned about music therapy.

**Table 2** *How Participants Learned About Music Therapy*

\*Percentages were rounded to the nearest whole number

	N	%
Directly worked with a music therapist on your health care team	13	87
Made a collaborative visit with a music therapist	11	73
Observed a music therapy session	11	73
Sat in on music therapy educational presentations/videos	8	53
Read articles on music therapy	7	47
Not applicable	0	0
Other (please specify)	0	0

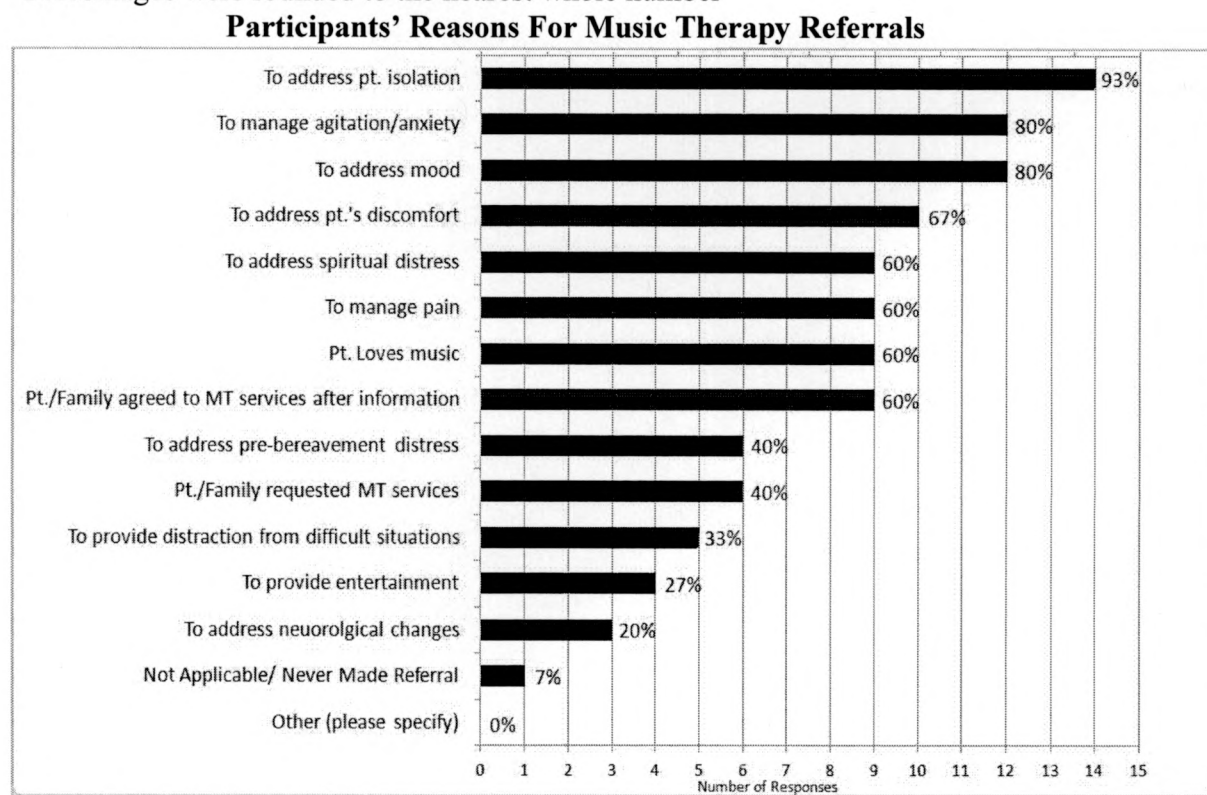
**Reasons for music therapy referrals.** The next question on the survey asked participants what were some of their primary reasons for submitting music therapy referrals for their patients. Only one participant selected not applicable/never made referral. The most common option for a music therapy referral was to address patient isolation, with a total of 14, or 93% responses. Other very popular answers with 80%



(n=12) of the participants' selections were to address mood, and to manage anxiety and/or agitation. Other high reasons for referrals with a total of 9 responses each included patient and/or family agreed to music therapy services after information provided to them from the staff, patient loves music, to manage pain, and to address spiritual distress. The least selected reason for referral was to address a patient's neurological changes, with only 3 responses. Another low response for a music therapy referral was to provide entertainment for the patient and/or family, with a total of 4 responses. This response was selected by mixed disciplines including a registered nurse, a clergy, and two social worker/mental health counselors. Figure 1 displays all of the responses regarding reasons for music therapy referrals.

**Figure 1** *Participants' Reasons for Music Therapy Referrals*

\*Percentages were rounded to the nearest whole number



**Perceptions on how music therapy helps.** The next question asked participants what were the primary ways that music therapy can help hospice patients and families. This question provided participants with 16 pre-written answer choices. There was an option for not applicable, and an option for a written response. This question resulted in high responses for a number of answer choices. There were zero open ended written responses, and zero not applicable responses. One hundred percent (n=15) of the participants selected that music therapy helps hospice patients and families by improving mood, by decreasing anxiety and/or agitation and by alleviating feelings of isolation and loneliness. Ninety-three percent (n=14) of the participants selected that music therapy helps to improve quality of life. The third most frequent answers were that music therapy helps to increase patient's comfort, and relieve patient's pain, with a total of 87% (n=13) of the participants selecting these answers. The least common selected response was that music therapy can increase autonomy with 33%, or 5 of the 15 participants selecting this choice. Figure 2 displays all of the responses for how participants perceive how music therapy helps hospice patients and families.

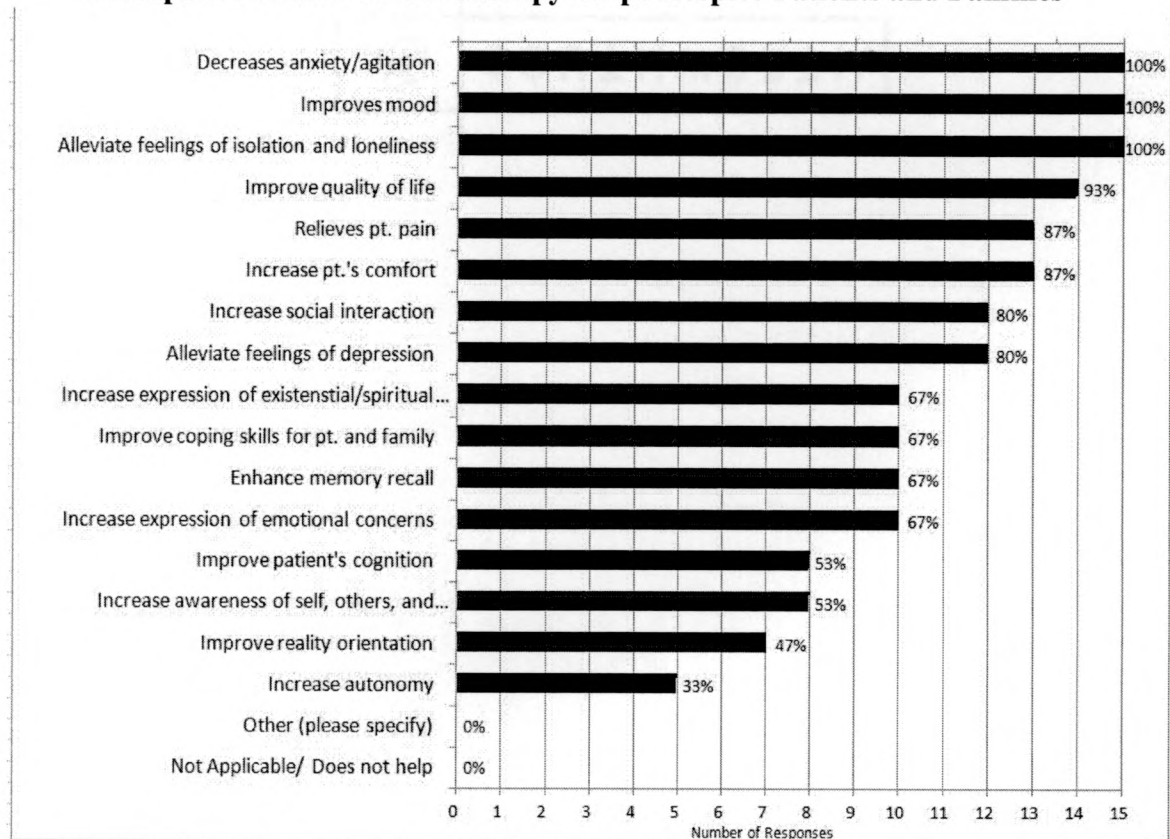
**Perceptions on what a music therapy session looks like.** The last survey question asked participants what a music therapy session or intervention in hospice may look like. This resulted in a high number of responses for the majority of answer choices. One hundred percent (n=15) of the participants selected the option that a music therapy session or intervention in hospice can consist of a music therapist and patient singing patient preferred music together. All other answers had a total of 13 or 14 responses, excluding the answers not applicable, open-ended, and the answer lyric discussion and

analysis. Only 67% (n=10) of the participants selected the option that a hospice music therapy session or intervention can consist of lyric discussion and analysis, resulting in this being the least common response. Table 3 provides a full display of the responses on how participants perceive what a hospice music therapy session or intervention looks like.

**Figure 2** *Perceptions of How Music Therapy Helps Hospice Patients and Families*

\*Percentages were rounded to the nearest whole number

**Perceptions of How Music Therapy Helps Hospice Patients and Families**



**Table 3***Perceptions on What a Hospice Music Therapy Session or Intervention Looks Like*

\*Percentages were rounded to the nearest whole number

	N	%
Music Therapist and patient singing patient preferred music together	15	100
Music therapist creates/improvises relaxing music for patient	14	93
Music therapist creates/improvises stimulating music for patient	14	93
Songwriting/ Creating a song with the patient	13	87
Song Reminiscence	13	87
Lyric Discussion/ Analysis	10	67
Not applicable/ Not familiar with music therapy sessions	0	0
Other (please specify)	0	0

**Survey Feedback**

The last section of the survey thanked participants, and asked them for any feedback, questions or comments. A total of 5 participants wrote feedback in this section. The responses were very diverse. One participant wrote their email in the comment box. Two participants expressed their gratitude for music therapy services or regard to the survey by writing "great work" and "thank you for providing comfort in enriching our patients lives." One participant reflected on their own connection with music therapy and wrote "If I made the rules, every hospice pt (patient) would have a music therapist assigned to them. Music therapy is one of my favorite disciplines in EOL (end of life) care!" The last response was feedback on how the survey was structured. The participant wrote that this is a good educational tool for participants. The participant also described that the survey should have had a selection option, meaning that instead of having the option to select as many answer choices that applied, participants should have only been allowed to select top 3 or top 4 most applicable answers.

The results of this survey demonstrate a variety of responses and answers from multiple disciplines on how clinicians perceive and understand the role of music therapy. Only 1 of the 15 participants never worked or collaborated with a music therapist. This participant was a social work intern. Never collaborating with a music therapist did not impact this intern's completion to the survey.

## **VI. Discussion**

### **Discussion**

The data from this survey resulted in noteworthy information on how clinicians perceive and understand the role of music therapy in hospice. The results from the survey led to an examination of the following: 1) connection with music therapy referrals and perceptions of music therapy; 2) common misconceptions and limited views on the role of music therapy in end of life care; and 3) perceptions of music therapy that are in accordance with the clinical practice of music therapy in end of life care.

#### **Connection with music therapy referrals and perceptions of music therapy.**

Some of the most thought-provoking results were the similarities in the reasons a clinician referred a patient to music therapy with how a clinician perceived how music therapy helps hospice patients. For example, a popular reason why music therapy was referred was to address mood. Comparably, a frequent response with the next question was that music therapy can help a patient by improving their mood. The answer choices seem to correlate with each other because both are related to the patient's mood. In another example, there were a high number of responses for referring music therapy to address patient isolation, and also high responses that music therapy can help to alleviate

feelings of loneliness and depression. Again, the answer choices appear to correlate with each other since both are related to music therapy being used to address a withdrawn, solitary patient. These results generate the notion that a clinician's perception of music therapy impacts their referrals for music therapy for their patients.

**Limited roles and common misconceptions.** Another notable outcome with this survey was that there were a few high responses in both reasons for referral and how music therapy helps that are synonymous with a hospice volunteer's role. For example, the popular response of music therapy being referred to address patient isolation, is also one of the main areas that hospice volunteers are trained to focus on (Lassner, Powell, & Finnegan, 1987, p. 203). Also, more than half of the participants selected that they have referred music therapy because the patient loves music. Volunteers often play music for listening for hospice patients (Lassner et al., 1987). Although a music therapy session can indeed address a patient's isolation, as well as provide an opportunity to be in a fun, enjoyable environment with preferred music, if the only reason for a music therapy referral was because a patient loves music or because they were lonely, that would be a limited perception of what music therapy can provide. Similarly, a small number of clinicians selected that they refer music therapy to provide entertainment for the patient and family. Although a music therapy session can be enjoyable and entertaining for a patient, entertainment alone cannot be classified as music therapy (Southeastern Region of the American Music Therapy Association, 2014). If providing entertainment was the sole reason for a referral, this would be another limited perception of the role of music therapy in hospice. Although this option had low responses, this response came from a



variety of disciplines. This response, to provide entertainment, was provided as an answer choice as it was necessary to add in this common misconception of music therapy (Southeastern Region of the American Music Therapy Association, 2014), to learn whether or not these participants also agreed with this concept. In spite of these responses, other reasons for referrals and views on how music therapy helps that concur with common clinical music therapy goals had higher responses.

**Aligned perceptions of music therapy.** Although there were few responses that supported the common misconceptions and limited roles of music therapy (ex: music therapy is referred to provide entertainment), the majority of popular responses were connected to the clinical and evidence-based prominent music therapy goals in end of life care. Specifically, 12 of the 16 answer choices for how music therapy helps hospice patients resulted in 10 or more responses. Popular answer choices such as 'improve quality of life' and 'relieves patient pain' were also compatible with hospice goals of care that are addressed by the whole interdisciplinary team in hospice. In this study, these participants' perceptions of music therapy in hospice care were primarily supportive and congruent with the role of music therapy in hospice care.

All of the participants learned about music therapy from direct experience with a music therapist through observing or collaborating, and/or indirect learning through articles and presentations. The responses on what a music therapy intervention or session looks like were most likely a result of their own direct or indirect experience learning about music therapy. All of the answer choices were actual interventions that occur in music therapy sessions in end of life care (Hilliard, 2005). It was intriguing to learn



which interventions were most prominent and popular based on the participants' experiences from learning about music therapy. The majority of participants were familiar with almost all interventions used in music therapy in end of life care. This indicates that participants' comprehension of the structure of a music therapy session in hospice care is predominantly accurate.

### **Limitations**

This study's most distinctive limitation was the small sample size. Although this study was sent to more than 50 clinicians in bulk and individual emails combined, the response rate was estimated to be 30% or less; the exact number of how many clinicians the survey was sent to is unknown. As a result of this small sample size, it is difficult to arrive at widespread conclusions and generalize this study's responses to hospice clinicians throughout the United States. Modifying the approach to recruit participants could have resulted in a larger response rate, such as printing the surveys and having it distributed during large interdisciplinary meetings.

A second limitation was recognized from one participant's valuable feedback about the structure of the survey. Briefly discussed in the results section, one participant commented that instead of selecting as many options as possible for each question, a maximum limit (3-4 choices) to how many answer choices a participant can select would have been preferred. In limiting the amount of answer choices, there would have been greater clarity in learning about the clinicians' most significant perception of music therapy in hospice. With the select all option, it was difficult to create a hierarchy of the highest reported benefit of music therapy to the lowest reported benefit. A maximum

limit in an answer choice would have helped the study to reach conclusions on perceptions of music therapy of greater specificity.

### **Implications**

Learning the perceptions of how clinicians perceive the role of music therapy is important for a number of reasons. As mentioned in the literature (Nancarrow et al., 2013; Suter et al., 2009; White et al., 2013), one of the reported approaches to effective interdisciplinary collaboration is through understanding the roles of the disciplines on one's interdisciplinary team. Based on numerous high responses that coincided with goals of music therapy in end of life care, the understanding of music therapy's role in end of life care is relatively well-known among the participants in this particular study. Thus, because these clinicians have demonstrated some level of understanding in the role of music therapy, one could presume that these clinicians would be able to more easily collaborate and more efficiently plan patients' goals of care together.

Another reason learning these clinicians' perceptions of music therapy is important is because it informs music therapists the areas further education of music therapy is needed for their colleagues. Although there were only a limited number of responses for answers demonstrating frequent misconceptions of music therapy, these options were still selected by a diverse group of disciplines. It is important for music therapists working in interdisciplinary teams to re-educate and inform their team members about the actual roles and benefits music therapy can provide in end of life care. Although the small sample pool makes it difficult to generalize these results onto widespread hospices in the United States, misconceptions about music therapy are also

identified in the literature (Southeastern Region of the American Music Therapy Association, 2014). Therefore, it would be significantly more helpful than harmful for board-certified music therapists in hospice settings to provide education to their team members about the role of music therapy as often as needed.

Providing education to team members is also necessary because of the connection with a clinician's perception of music therapy and their reasons for referral as demonstrated in the survey. As mentioned in the review of literature, it is common practice for clinicians to input referrals for music therapy services for patients dependent on whether they anticipate a patient's presenting needs benefiting from music therapy services (Wheeler, 2015). A team member's re-education on the benefits of music therapy can positively impact music therapy referrals which can result in greater teamwork among the clinician and the music therapist. Ultimately, understanding the purpose of other disciplines on one's interdisciplinary team is a conducive step towards creating effective interdisciplinary collaboration.

### **Further Considerations and Recommendations**

This study suggests various different avenues for further research. First and foremost, this study could be conducted on a larger scale with a greater widespread sample pool. This study would also benefit if more open-ended responses were provided, in addition to having a maximum limit for selecting answer choices. As music therapists are relatively newer members on their health care teams, and because of common misconceptions in the field, music therapists have a strong sense of duty to make their roles known and to correct misunderstandings of the profession. Learning clinicians'

perceptions on a wider scale can help music therapists learn what areas more education, re-education and advocacy are needed to further develop and integrate the field of music therapy in health care.

In addition to clinicians learning about music therapy, it is also important for music therapists to learn about the roles of other team members. It is important for clinicians from all disciplines on the team to understand other team roles. Clinicians that are part of interdisciplinary teams work alongside and collaborate with each other frequently in the work environment. More research and studies are needed to learn if colleagues have a clear understanding of each other's roles to ultimately help improve collaboration and teamwork to best benefit the patients, work environment, and team.

To go one step further in learning the disciplines of fellow colleagues, clinicians can also learn the competencies of their team members. A colleagues' competencies, or skills and qualifications, can be useful information as it can give team members an even greater understanding and respect for each other. Due to potential overlap in competencies across disciplines in health care settings (Suter et al., 2009), being clear on the skills of each team member, and knowing which disciplines share similar clinical skills, teamwork can be positively impacted for high-quality patient care. Professional competencies can often be found in print under the national or state associations of each discipline.

Another area for further research focuses on the general practice of interdisciplinary collaboration. As this study focused on understanding the role of team members' disciplines as an approach to positively impact interdisciplinary collaboration,

it would be fitting for another study to focus on other features that aid in creating improved interdisciplinary collaboration. Since interdisciplinary collaboration is so beneficial and frequently used in hospice and medical settings in the present day, learning additional qualities that positively impact interdisciplinary collaboration would be extremely useful. Team building strategies for effective collaboration are not limited to only health care settings. They can be found in educational settings, customer service, and businesses. As a result, there is a plethora of literature on team building and collaboration. The abundant amount of resources on team building and collaboration can provide health care teams with various techniques on how to more effectively work together for high-quality patient care.

In conclusion, learning the perceptions of how clinicians perceive music therapy can ultimately impact collaboration. With further studies in learning team members' perceptions of music therapy and other disciplines, and with continued research on other qualities that improve collaboration, health care teams can function effectively and adequately as a unit to provide optimal care for end of life patients.

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## Appendix

**Perceptions of Music Therapy Among Hospice Healthcare Clinicians:  
Implications for Effective Interdisciplinary Collaboration Consent Form****Perceptions of Music Therapy Among Hospice Healthcare Clinicians: Implications for  
Effective Interdisciplinary Collaboration Consent Form**

Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

The purpose of this study is to discover how healthcare professionals working in Hospice care perceive the role of music therapy for Hospice patients. If you agree to be in this study, you will be completing a survey online. The survey will include demographic questions, followed by 4 multiple choice questions. You are welcome to select more than one response. You are encouraged to provide written responses as needed. The survey is estimated to take less than 10 minutes to complete.

**Risks and benefits:** I do not anticipate any risks to you participating in this study other than those encountered in day-to-day life.

For participant and your employee protection, you will not be asked to disclose your name when taking the survey. Your answers will remain anonymous. Any names written in your responses will be altered for privacy protection of participants, employees, and/or patients.

Once the study is completed, I would be happy to share the results with you if you desire.

Please email me at [crysantoine@gmail.com](mailto:crysantoine@gmail.com) for further inquiry.

Your answers will be confidential. The records of this study will be kept private. In any sort of report made public, I will not include any information that will make it possible to identify you. Your responses will be kept in a locked electronic file, only I will have access to your data.

**Taking part is voluntary:** Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. You may decide to not to take part in this study. If you decide to take part, you are free to withdraw at any time. Your participation or non-participation in this study will have no effect on your standing as an MJHS employee.

**If you have any questions** now or later, you may contact:

Crystal Antoine, Masters' Student at Montclair State University, at [Crysantoine@gmail.com](mailto:Crysantoine@gmail.com),  
Professor Karen Goodman, Faculty Sponsor at Montclair State University, at  
[goodmank@montclair.edu](mailto:goodmank@montclair.edu)/973 655-5268

**If you have any questions or concerns regarding your rights**, you may contact Dr. Katrina Bulkley, Chair of the Institutional Review Board at Montclair State University at  
[reviewboard@mail.montclair.edu](mailto:reviewboard@mail.montclair.edu) or 973-655-5189

**By clicking the link to survey below**, I confirm that I have read this form and will participate in the project described. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can discontinue participation at any time. My consent also indicates that I am 18 years of age. If you do not want to participate, please exit out of this window to close the survey.

Thank you for your time.

Sincerely,

Crystal Antoine  
Graduate Student  
Montclair State University, Department of Music Therapy

[Please feel free to print a copy of this consent.]

The study has been approved by the Montclair State University Institutional Review Board as study #  
IRB-FY15-16-104 on 3/8/2016.

**I Agree to Participate** (Link to survey - <https://www.surveymonkey.com/r/THP6RRQ> )

**I Decline** (Link to Survey Monkey homepage to exit out of survey - [SurveyMonkey.com](https://www.surveymonkey.com) )



**Perceptions of Music Therapy Among Hospice Healthcare Clinicians**

1. What is your profession?

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**Perceptions of Music Therapy Among Hospice Healthcare Clinicians**

2. How long have you been working in Hospice?

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**Perceptions of Music Therapy Among Hospice Healthcare Clinicians****3. Gender**  
Female  
Male  
Prefer Not to Answer

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**Perceptions of Music Therapy Among Hospice Healthcare Clinicians****4. Have you ever worked with or collaborated alongside a music therapist?**  
Yes  
No  
Not Sure  
Other (please specify)

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**Perceptions of Music Therapy Among Hospice Healthcare Clinicians**

**5. Select one or more experiences on how you came to learn about music therapy. Select all that apply.**

- ☐ Directly worked with a music therapist on your health care team
- ☐ Made a collaborative visit with a music therapist
- ☐ Observed a music therapy session
- ☐ Read articles on music therapy
- ☐ Sat in on educational videos/presentations on music therapy
- ☐ Not Applicable
- ☐ Other (please specify)

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**Perceptions of Music Therapy Among Hospice Healthcare Clinicians**

**6. During your employment at this hospice, have you ever made referrals for music therapy for your patients? If so, what were some of your primary reasons for music therapy referrals. Select all that apply.**

- ☐ Not Applicable / Never made referral
- ☐ Patient and/or family agreed to music therapy services after information provided to them about the service
- ☐ Patient and/or family requested music therapy services
- ☐ Patient loves music
- ☐ To provide entertainment for the patient and/or family
- ☐ To manage pain
- ☐ To address spiritual distress
- ☐ To address pre-bereavement distress for patient and/or family
- ☐ To address mood
- ☐ To address patient isolation
- ☐ To manage agitation and/or anxiety
- ☐ To address patient's discomfort
- ☐ To provide distraction from difficult situations
- ☐ To address neurological changes
- ☐ Other (please specify)

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**Perceptions of Music Therapy Among Hospice Healthcare Clinicians**

**7. Does music therapy help hospice patients and families. If so, what are some of the primary ways it can help.**

- ☐ Not Applicable / Does not help
- ☐ Increase patient's comfort
- ☐ Relieves patient pain
- ☐ Improves mood
- ☐ Decreases anxiety and/or agitation
- ☐ Improves patient's cognition
- ☐ Increase social interaction
- ☐ Increase expression of emotional concerns
- ☐ Alleviate feelings of depression
- ☐ Alleviate feelings of isolation and loneliness
- ☐ Increase autonomy
- ☐ Improve coping skills for patient and/or family
- ☐ Increase expression of existential and spiritual concerns
- ☐ Improve reality orientation
- ☐ Increase awareness of self, others, and environment
- ☐ Enhance memory recall
- ☐ Improve quality of life
- ☐ Other (please specify)

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**Perceptions of Music Therapy Among Hospice Healthcare Clinicians**

**8. What can music therapy sessions or interventions look like in Hospice care? Please select all that apply.**

- ☐ Songwriting/Creating a song with the patient
- ☐ Music therapist and patient singing patient preferred music together
- ☐ Music therapist playing patient preferred music as patient listens
- ☐ Lyric/Discussion Analysis
- ☐ Song reminiscence
- ☐ Music therapist creates/improvises relaxing music for patient
- ☐ Music therapist creates/improvises stimulating music for patient
- ☐ Not Applicable / Not familiar with music therapy interventions
- ☐ Other (please specify)

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**Perceptions of Music Therapy Among Hospice Healthcare Clinicians**

**9. Thank you for taking the time to complete this survey.**

**If you have any questions, comments or reflections now or later, you may write your feedback below, or contact me at [Crysantoine@gmail.com](mailto:Crysantoine@gmail.com).**

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Done